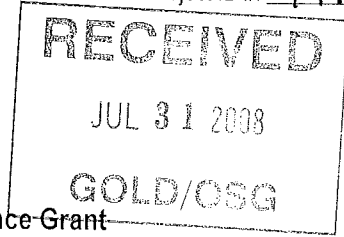


Final

Completion Report
Local Government Projects
Governor's Office for Local Development

Funding Program/HB#: e-PPIK

Project ID #: 4277



Check one of the following:

- ☐ Local Government Economic Development Fund (LGEDF) Coal Severance Grant
☐ Line-item Project ☐ Renaissance ☐ Cemetery
☐ Body Armor ☐ Area Development Fund (ADF) ☒ Other

Project Information

Project Title: Family Medical Center of Hart County e-Prescribing Partnership Round II

Project Allocation: \$ 90,000.00

Total Actual Funds Received: \$ 90,000.00 Total Actual Funds Expended: \$ 204,904.49

County: Hart ADD: Lincoln Trail

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):

Implementing an e-prescribing program authorized by the 2005 General Assembly for the development of an e-health Network.

Start Date: 03/14/2008 End Date: 06/30/2008

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

☐ Water WX#: N/A ☐ Sewer SX#: N/A

Has final draw been made? ☒ Yes ☐ No

Grantee Information

Legal Applicant / Funding Recipient (entity that will execute MOA): Family Medical Center of Hart County

Mailing Address: PO Box 579

City, State, Zip Code: Munfordville, Ky, 42765 Office Phone: 270-524-7231

Office Fax: 270-524-7415 E-mail Address: SmarreseFMC@scrtc.com

Official's Name/Title: Sky Marrese / Administrator County Hart

Sub-Recipient Information (If different from Grantee)

Sub-recipient (if applicable): N/A

Mailing Address: _____

City, State, Zip Code: _____ Office Phone: _____

Office Fax: _____ E-mail Address: _____

Type of Organization: _____

Contact Person: _____

Close-Out Narrative

Provide a narrative of how the project was completed (REQUIRED).

See Attachment 1

Completion Report

Date of Project Completion: 06/27/2008

Were any designated funds left over? (check one) ☐ yes ☒ no

If yes, please list dollar amount: \$ N/A

Explain why (REQUIRED):

N/A

PLEASE NOTE: Any remaining funds must be returned to the Governor's Office for Local Development by check payable to the Kentucky State Treasurer.

Checklist

Make sure to complete all relevant forms and mail to the Governor's Office for Local Development.

☒ Attachment A-Financial Report

☐ Attachment C-ADF Project Only

☒ Attachment B-Real Property

☒ Other financial reports, invoices, cancelled checks and relevant documentation.

Signatures

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds have been expended or returned to the Commonwealth of Kentucky and that every statement and amount set forth in this instrument is true and correct as of this date.

Name and Title of Chief Executive Officer: Sky Marrese / Administrator

Signature: [Signature] Date: 06/27/2008

Name and Title of Third Party Recipient: N/A

Signature: _____ Date: _____

FOR GOLD USE ONLY: This completion report is hereby approved. The MOA and all supporting documents required are received. All records for this project are required to be maintained for three (3) years from the date of completion.

GOLD Staff Reviewer: [Signature] Date: 8/14/2008

GOLD Authorized Approval: [Signature] Date: 8-26-08

Attachment A: Financial Report

Please list all financial transactions of project (group like items together). Note: All attached forms are final pending completion and receipt of this financial report.

Payable	Amount	Purpose (equipment, supplies, etc.)
System Solutions Computerland	\$65,846.19	Computer Hardware and Installation
System Solutions Computerland	\$38,250.00	Computer Hardware and Installation
System Solutions Computerland	\$20,703.52	Computer Hardware and Installation
e-MDs	\$35,579.00	EMR Software / SureScripts Vender
e-MDs	\$36,673.78	EMR Software / SureScripts Vender
Health Care Technologies	\$7,852.00	EMR Software

Signature

Check below and sign to certify attachment of all final close-out documents (e.g. inspections, certification of occupancy, copies of information, permits, invoices, cancelled checks and receipts, etc.)

- ☒ All copies of final close out documents are attached.
- ☒ All copies of invoices and cancelled checks are attached.

(Cancelled checks sent with March quarterly report)

Signature: _____

Date: 06/27/2008

Attachment B: Real Property Acquisition

Local Government Projects Completion Report

Governor's Office for Local Development

Property Acquisition

Did this project involve the acquisition of real property? (check one) ☐ yes ☒ no

If yes, a copy of the deed transferring title must be attached to the back of this form if not already on file at GOLD.

Please check to certify that a copy of the deed transferring title of any real property acquisition is attached:

☐ Copy of deed is attached.

☐ Copy of property survey, meets and bounds, etc. is attached.

Attachment 1

Close Out Narrative

Family Medical Center of Hart County

As proposed in our e-PPIK grant application, the Family Medical Center of Hart County was awarded \$90,000.00 to match expenses toward the implementation of a state of the art, electronic medical records system with e-prescription capabilities for the purpose of providing better medical care for our entire community. The funds were used to purchase the computer hardware and software necessary to achieve this goal. Details of expenditures are included in the completion report.

The process of implementing our EMR system began with choosing our software vendor e-MD's. We then contracted with System Solutions to provide the hardware to support our new system. After the hardware and software were installed, we had key staff members trained to use the system. The initial setup of the software began, and the planning for training the rest of the staff was set. Our business office was trained and began using the new system. We then trained our clinical staff to use their portion of the system, and ran practice scenarios to prepare them for their daily responsibilities.

During this process the administration worked to establish an interface with our current in-house lab system and achieve connectivity through Sure Scripts to the local pharmacies. The most challenging aspect of this project was the time constraint of the e-PPIK grant. The complexities of this project in combination with relatively short amount of time to complete it was very difficult manage. The rewards are starting to show for all of our hard work, and we have now opened the door to a new world of possibilities for our clinic and the healthcare of our community.

To date, there are many improvements to our overall business process. Our providers are spending less time using text references, which have been replaced by automatic electronic recommendations. This has led to less prescription error, and better awareness of drug interactions. More precise documentation is being made and it is producing better, more accurate coding. Our electronic billing is faster, and our lab interface has increased our lab's efficiency and productivity. We still plan on implementing more features of our EMR system, and expanding our use of e-prescribing to more pharmacies. We also plan on starting to use electronic x-rays in the near future.

The new e-prescribing system has helped our pharmacies provide more accurate and timely information to the eKASPER program with less human interaction. The reports can now be uploaded nightly without employees having to enter the information manually. This will truly be helpful when all drugs can be prescribed over this secure connection. We look forward to the new opportunities that continue to be discovered and help us better serve our community.

e-Prescribing Partnerships in Kentucky II Evaluation Guide

Project Completion Schedule

Step	Check if Completed	Date Completed
Vendor selected and contract signed	X	
Purchase hardware and software	X	
Install hardware and software	X	
Training users	X	
Production use (electronic prescriptions sent and processed)	X	
Sustain use, process improvement	X	

General Evaluation Questions

These questions are about the implementation of e-Prescribing and how it has impacted your business processes. The goal of these questions is to provide learning for others planning to implement this functionality.

1. After the project was completed, what percentage of the prescriptions process use e-prescribing to send the prescription from the Physician to the Pharmacy? Please indicate the percentage of your total prescription volume that is now sent through e-prescribing. When are prescription not sent through the e-prescribing system?
2. Is there any point in your usage of the e-prescribing process that you need to provide intervention to complete the medication dispensing process? For example, is there any point where paper is printed or a phone call needs to be made?
3. Please name the vendor you selected and the software implemented.
4. Did the vendor meet your expectations? Would you recommend this vendor? Would you recommend this product?
5. Please describe each role in the care delivery process where the people in that role use the e-prescribing system. An example of a role might be an Advanced Practice Nurse, a

e-Prescribing Partnerships in Kentucky II Evaluation Guide

Primary Care Physician or an Office Manager. What do the people in each role use the e-prescribing system for? What type of training on using the e-prescribing system did they receive?

6. What is your support model or how do you plan to sustain the system?
7. What business process improvements have you been able to implement as a result of using this software? What process improvements do you plan for the future?
8. What patient care delivery improvements have you been able to implement as a result of using this software? How have you improved patient safety? How have you improved the timely delivery of care?
9. If you had this project to do over again, what would you do different? What would you keep the same?

Project Completion General Evaluation Questions

Family Medical Center of Hart County

1. When the project was completed, about five percent of the prescription process used e-prescribing to send the prescription from Physician to Pharmacy. We are now sending about ten to fifteen percent of our prescription volume through e-prescribing. All controlled drugs are not sent through the e-prescribing system because of legislative restrictions, and prescriptions that can be processed faster manually are not sent either.
2. When the e-prescribing system is used, there are few times that intervention is necessary. When intervention is needed, the most common cause is pharmacies being unfamiliar with their software. They often don't realize that their system has sent an electronic request, and ultimately send the request manually as well. Other reasons for intervention are caused by "Glitches" with our EMR software on new requests sent from pharmacies, but confirmation phone calls are often the only required action.
3. The EMR software that we selected to empower us with the capability of e-prescribing is "e-MD's Solution Series" by e-MD's, out of Austin, Texas.
4. e-MD's has meet many of needs, but in my opinion, has come up short on many of our expectations. The functional usage is much more difficult and time consuming for many of our users than originally thought. The majority of our frustrations have come from the additional features of the software not flowing as smoothly as described in the planning phase of our project. The setup of these features has been an enormous task that will continue to demand attention for quite some time.

Despite our disappointments with many areas of this program, I would still recommend this product and vendor to other clinics. It would be great for a smaller clinic that provides a more narrow scope of services than ours. The software setup for a specialty clinic would be fractional in comparison, and the implementation and training would be much more manageable in a smaller environment.

e-Prescribing Partnerships in Kentucky II Evaluation Guide

5. The first role in our care delivery process that uses the e-prescribing portion of our system is the nursing department. A specific nurse is assigned each day to monitor all incoming e-prescription requests from participating pharmacies for all providers in our clinic. This nurse screens the requests and ensures that they are addressed timely. She assists the providers with technical questions, and collects medical documentation for patients that still have a paper chart.

The providers approve or deny these requests, and the request is automatically removed from the pending list. The providers also send new prescriptions and refills that are generated through office visits over the e-prescribing system. All of our staff was trained on site by e-MD's training staff over the course of six training days. Specific focus was also given to employees that were to be involved in the e-prescribing process to ensure that they understood their additional responsibilities.

6. Our plan to sustain this system is constantly being modified to accommodate new demands. Department specific training is given on a monthly basis to keep employees current on new "discoveries" in our system. Maintenance responsibilities are also being delegated to the department managers as they are established and refined. The administration is also working with the individual departments to improve, and streamline daily tasks of all users in this system. Slowly but surely we are improving our process one problem at a time.

7. To date, there are many improvements to our overall business process. Our providers are spending less time using text references, which have been replaced by automatic electronic recommendations. This has led to less prescription error, and better awareness of drug interactions. More precise documentation is being made and it is producing better, more accurate coding. Our electronic billing is faster, and our lab interface has increased our lab's efficiency and productivity. We still plan on implementing more features of our EMR system, and expanding our use of e-prescribing to more pharmacies. We also plan on starting to use electronic x-rays in the near future.

8. The most realized improvements to patient care delivery for our clinic is the more thorough components of the SOAP concept, drug to drug interactions, and possible same class drug allergies. Patient safety has been improved by better awareness of allergies, and the requirement for discontinued drugs to have a precise rationale for discontinuation. These components are automatically screened throughout the entire patient encounter. The timely

e-Prescribing Partnerships in Kentucky II Evaluation Guide

delivery of care with EMR patients has been our most difficult challenge. The workload and time required for an established patient being seen electronically for the first time was underestimated and productivity with these patients has been exceedingly poor. Entering past medical history, family history, and other subjective components of the chart can take up to two hours. The benefit that we are starting to see is on the return visits. The patients who have an existing electronic chart are being seen much faster than before, and are a good indication of the future improvements to timely delivery of care.

9. In hindsight, I would have to say that most of the components of this project have gone well and I would not change how we did them. Implementing an EMR system would be challenging even if you had done it multiple times before, and knew of the bumps ahead. If we had the project to do over again, I would recommend that the software be more closely scrutinized in comparison to our needs, and that we had a better understanding and familiarity with the software before our “go-live” date.